15/5/2010

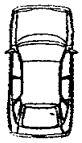
INS. CASE OWNER: ERIC WOO | CC3/FCI20012725/Kra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 17/11/2020 Date / Time : 17/11/2020

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 90D Claim No. :

Name of Insured : CITYCAB PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

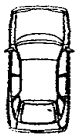
Excess Sec II :S$ D.O.A : 14/11/2020 18:10 Place of Accident : SENGKANG HOSPITAL TAXI STAND

Is driver the owner? (YES / NO) Nature of Accident :

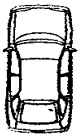
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

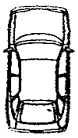
SHC 5779T → → →



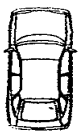
INSRS:
WSP: TRANS-CAB AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5779T - CS/FCI13012398/Uvd1 ; 08/07/2013	**STAGE** **DATE / PIC**
	CS/GAI18013867/Kvd3e2 ; 27/07/2018	Non-Reporting ltr (1st):
	NBA/GAI18014028/Y ; 27/07/2018	Non-Reporting ltr (2nd):
	SHC 90D - CC3/AIG11018273/H1jr1q2 ; 05/09/2011	Non-Reporting ltr (Final):
	CS/FCI19005089/Usd3n2 ; 08/03/2019	Notification ltr (if non-pickup):
	NS/INC12017307/H1kn ; 01/09/2012	Call OI:
		After call ltr to OI:
26/11/2020	PLEASE REFER TO VIEWS FOR DETAILS	**Documentation Check List: Handler Typist**
		Notification ltr (if non-pickup)
	* SUBMIT WP AS PER FCI INSTRUCTION	After call ltr to OI:
		Authorisation To Act:
		Release Voucher:
		Final Repair Bill:
		Car Rental Invoice:
		Towing Invoice
		LTA / GIA :
		Medical Bill:
		PIR:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 1600.00 (2 days) Reduction: 93 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 350.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	